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Substitute for form 1449/PTO		Complete if Known			
			Application Number	09/761,670	
INI	EODMATION	DISCLOSURE	Filing Date	1/18/2001	
			First Named Inventor	Jeff S. Eder	
SI		Y APPLICANT	Art Unit	3692	
	(Use as many shee	ts as necessary)	Examiner Name	Siegfried Chencinsk	
Sheet		of .	Attorney Docket Number	AR - 16	

				DOCUMENTS	
Examiner Initials‡	Cite No. <sup>1</sup>	Document Number  Number-Kind Code <sup>2 (# known)</sup>	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner	Date	
Signature	Considered	

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